



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

'05 JAN 31 A11:48

STATE OF HAWAII
STATE ETHICS COMMISSION

Y40
CCRET

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
YOKOYAMA,	Gary		808/548-2900
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			
(City)	(State)	(Zip Code)	
Mililani, HI	96789		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
n/a			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

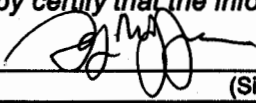
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Castle & Cooke Resorts, LLC			808/548-4811
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			808/548-2975
(City)	(State)	(Zip Code)	
Mililani, HI	96789		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Richard K. Mirikitani			808/548-4890
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			808/548-2975
(City)	(State)	(Zip Code)	
Mililani, HI	96789		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1-3-05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Richard K. Mirikitani

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Vice President & Secretary

NAME OF ORGANIZATION (if applicable)

Castle & Cooke Resorts, LLC

TELEPHONE

808/548-4811

MAILING ADDRESS (Street)

P.O. Box 898900

FAX

808/548-2975

(City)

(State)

(Zip Code)

Mililani, HI 96789

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-3-04

(Date)